

Application for Advanced Placement (AP) Expansion Program

Section I: Cover Sheet

System: _____ School _____

School Address: _____ City _____ Zip _____

Contact Person for AP Program _____ Telephone _____

Email Address(s) _____

School Telephone: _____ FAX _____

Course Information

AP Course(s) to be implemented:

Poverty Information

(a) Free & Reduced (F&R) Lunch Percentage (Grades 9-12)

(b) F&R Lunch percentage (Feeder Schools(s))

Feeder School	Percent Free and Reduced Lunch	Percent of high school population coming from this school

Need for Course(s)

Please attach a brief explanation of the need for the course(s) in your school with reference to the need to provide services to low income (or otherwise underserved students) and/or to expand your AP program in general. (**Maximum: 1 page double spaced**)

Funding Request

Expansion Funding requested (Total of Sections II, III, IV, and/or V)

Assurances

In submitting this application, the school commits to

1. implement AP courses within one year following the initial training of the AP teacher;
2. make any necessary scheduling adjustments to support AP courses;
3. provide new AP teachers with the time and resources they will need to implement courses;
4. identify an AP site coordinator;
5. support communication among vertical teams of teachers in grades 6-12 for each discipline;
6. purchase consumables needed for AP courses including AP sciences.
7. Provide an annual report to the SDE and federal grant evaluator showing the number of low-income students enrolled in AP courses and the number who complete the AP exam; and
8. Conduct activities (including parent information activities) and provide support mechanisms to encourage children to enroll in the course(s) and complete the exam.

Principal

Date

Director of Schools

Date

Section II: AP Coursework

(a) Teacher Information

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ E-mail _____

School _____ **School Telephone** _____

(b) Course

Name of Course Requested _____

Course Provider (College or University) _____

City _____ State _____

Dates of Course From _____ To _____

(c) Expense Estimate Worksheet

1. Tuition and Board (if board is included) _____

2. Meal Estimate* (if board is not included) _____

Subtotal _____

*If you are commuting, you are ineligible for meal reimbursement

Example of meal calculation:	Day 1	(Travel)	\$22.50
	Day 2	(Course)	\$30.00
	Day 3	(Travel)	\$22.50
	Total		\$75.00

3. Travel (If you are traveling by car, multiply the number of miles by \$.32. If you are traveling by air, insert the air fare and up to \$50.00 for ground transportation to your course site.)

Mileage Estimate _____ **(miles @ \$.32)** _____

Air Fare _____

Ground Transportation _____

Subtotal _____

4. Instructional Supplies (for course implementation) \$250.00

5. Teacher Stipend (Maximum \$500 @ \$100/day) _____

6. Parent Outreach Meetings (LEA maximum \$2000) _____

Subtotal _____

Total

Reimbursement requirements

- 1. Original tuition, board and taxi receipts are required for reimbursement.**
2. Proof of purchase of airline ticket is required for reimbursement.

(a) Teacher Information

Home Address _____

Home Telephone _____ E-mail _____

School _____ **School Telephone** _____

School 1 _____ **Course** _____

City _____ System _____ School 2 _____

Course

City _____ **System** _____

Mileage Estimate _____ (miles @ \$.32) _____

Substitute Teacher (Maximum \$60/day) _____

Maximum \$5000.00

Quantity	Item	Item Cost	Total
		Total	

Section V: Vertical Teaming (Page 1 of 2)**(a) Teams**

High School	Middle School
School _____	School _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
School Tel _____ Fax _____	School Tel _____ Fax _____
Teacher _____	Teacher _____
Home Address _____	Home Address _____
City _____ Zip _____	City _____ Zip _____
Telephone: Home _____ School _____	Telephone: Home _____ School _____
E-mail _____	E-mail _____
AP Course Taught/Discipline _____	Grade Level/Discipline) _____

High School	Middle School
School _____	School _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
School Tel _____ Fax _____	School Tel _____ Fax _____
Teacher _____	Teacher _____
Home Address _____	Home Address _____
City _____ Zip _____	City _____ Zip _____
Telephone: Home _____ School _____	Telephone: Home _____ School _____
E-mail _____	E-mail _____
AP Course Taught/Discipline _____	Grade Level/Discipline) _____

(add sheets as necessary)

Section V: Vertical Teaming (page 2 of 2)

(b) Expense Estimate Worksheet

		No. of Teachers	Total
1. Tuition and Board (if board is included)	_____	x _____	= _____
2. Meal Estimate (if board is not included)	_____	x _____	= _____

*If you are commuting, you are ineligible for meal reimbursement

Example of meal calculation:	Day 1 (Travel)	\$22.50
	Day 2 (Course)	\$30.00
	Day 3 (Travel)	\$22.50
	Total	\$75.00

3. Travel (If you are traveling by car, multiply the number of miles by \$.32. If you are traveling by air, insert the air fare and up to \$50.00 for ground transportation to your course site.)

		No. of Teachers	Total
Mileage Estimate _____ miles @ .32	_____	x _____	= _____
Air Fare _____	_____	x _____	= _____
Ground Transportation (\$50 maximum) _____	_____	x _____	= _____
Teacher Stipend (Maximum \$500 @ \$100/day) _____	_____	x _____	= _____
Middle School Teacher Professional Development (Maximum \$1000) _____	_____	x _____	= _____

Total

Reimbursement requirements

1. **Original tuition, board and taxi receipts are required for reimbursement.**
2. Proof of purchase of airline ticket is required for reimbursement

Budget – Maximum per item

Teacher Stipend	\$100/day up to 5 days per teacher
Tuition and Travel	\$600 per teacher
Parent Outreach	\$2000 per LEA
Professional Development	
Middle School Teachers	\$1000 per teacher